

ALARM CUSTOMER CHECKLIST

I certify the following conditions of alarm system operation and maintenance have been explained to me and are understood.

- ☐ 1. I have been educated in the proper operation of the system.
- ☐ 2. I have been given a summary operation sheet and/or an owner's manual.
- ☐ 3. I know how to cancel an accidental alarm activation.
- ☐ 4. All system operators of my property know how to cancel an accidental alarm activation.
- ☐ 5. I have the cancellation code.
- ☐ 6. I know how to turn off the motion detectors while leaving other sensors on.
- ☐ 7. I know how to test the system including the communication link with the monitoring center
- ☐ 8. I understand the delay time on designated entry/exit doors and I believe this will provide sufficient time to get in and out of the premises. My entry time is _____
- ☐ 9. My exit time is _____
- ☐ 10. I have the alarm company's phone number to request repair services or to ask questions about the alarm system.
- ☐ 11. I have been offered the option of a training or no dispatch period.
- ☐ 12. I understand that indoor pets can cause false alarms and I will contact my alarm company to adjust the system, if I acquire any additional indoor pets.
- ☐ 13. I know where the main control panel and transformer is located.
- ☐ 14. I understand the importance of keeping my emergency contact information updated and I know how to do this.
- ☐ 15. I understand the importance of immediately advising the alarm company of any changes to my phone system such as addition of a fax machine, call waiting or phone number change.
- ☐ 16. I have been made aware of the requirements of the Broken Arrow False Alarm Ordinance 7-52, which governs the operation of my system and I will comply with the applicable requirements.
- ☐ 17. I understand that certain building defects (such as loose fitting doors or windows, rodents, inadequate power and roof leaks) can cause false alarms. I will correct these defects as I become aware of them.
- ☐ 18. The alarm company has given me written false alarm prevention techniques to help me prevent false alarms.
- ☐ 19. I understand it is my responsibility to prevent false alarms and I understand is critical and my responsibility to assure that all users of the systems (such as residents, employees, guests, cleaning people and repair people) are trained on the proper use of the system.

Please explain if any steps could not be completed. (use additional sheets if necessary)

Alarm Company/OK Alarm License Number

Customer

Printed Name

Technician

Signature

Date